05/09/89 05/03/89 State of California-Health and Waltare Agency Form Approved CMB No. 2050—0039 (Expires 9-30-91) Department of Health Services Toxic Substances Control Division Secremento, California See Instructions on Back of Page 6 and Front of Page 7 Please print or type. (Form designed for use on elite (12-pitch typewriter). Manifest Document Ho r. Generator's US EPA ID No 2. Page 1 UNIFORM HAZARDOUS Information in the shaded areas CA, XDQOO 364 Waste Manifest is not required by Federal law 3. Generator's Name and Mailing Address A. Steto Mandon Document Marche Para Plate 15910 Shoemaker, Cerritos, CA 90701 404-3434 213 4. Generator's Phone (5. Transporter i Company Name Omega Recovery Serwices CAD 442 245 001 D. Transporter's Phone 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address Omega RecoveryServices G. State Pacifity's 10 US EPA ID Number CALL CADIONARIA 451010 12504 E. Whittier Blvd. Whittier, CA 90602 213/698-0991 CAD 042 245, 901 12. Containers 13. Total Waste No. Unit 11. US DOT Description (Including Proper Shipping Name, Hexard Class, and ID Number) Quantity No. Type Waste ORM - A NCS NA 1693 ORM-A Sign 1 002 DM G (Flexosolvent) EPA/Othe 7 1-800-424-8802; W State EPA/Othe State EPA/Othe CENTER State EPA/Ome RESPONSE J. Additional Descriptions for Materials Listed Above Ç. NATIONAL 15. Special Handling Instructions and Additional Information A) Recycle 墨 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL. if I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, If I am a small quantity generator, I have made a good faith effort to minimize my waste. ő EMERGENCY generation and select the best waste management method that is available to me and that I can afford. Printed/Typed Name Month Day Year Signature 17. Transporter 1 Acknowledgement of Receipt of Materials AR Month Year Printed/Typed Name Day ANSPORT Signature CIRINGEON ç 12/8/9 Transporter 2 Acknowledgement of Receipt of Materials CASE Month Printed/Typed Name Signature Day Year 19. Discrepancy Indication Space

DHS 5022 A (1/88)

EPA 8700-22

(Pev. 9-68) Previous editions are obsolete.

Printed/Yyped Name

-12-11-11/E

Do Not Write Below This Line

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Pagasis

Day

Yes